



**Licensure Bureau**  
**CERTIFICATE OF NEED PROGRAM MONTHLY REPORT**  
**November 2007**

NAME	LOCATION	PROPOSAL	CAPITAL EXPENSE*	LOI RECEIVED	MTH	CR	APP DUE	APP RCVD	HEARING REQ/ DATE	DPHHS DECISION DEADLINE	DPHHS DECISION & DATE	REC REQ
First Home Health Care	Bozeman	Establish home health service in Gallatin County	None reported	5/4/07	5/07	No	9/10/07	9/6/07	No REQ	12/5/07	Y 10/18/07	No REC REQ
Glendive Medical Center	Glendive	Relocate 16 licensed beds of GMC Extended Care Nursing Home	\$1,973,188.00	6/28/07	7/07	No	11/12/07	11/16/07		2/14/08		
Rimrock Foundation	Billings	Provide residential methamphetamine treatment to low income adults	\$582,542.63	8/14/07	9/07	No	1/8/08	10/17/07	No REQ	1/15/08	Y 12/4/07	
Western Montana Addiction Services	Missoula	Operate an 8-bed inpatient residential methamphetamine treatment program for low income adults	None reported	8/30/07	9/07	No	1/8/08					

**LEGEND:**

ASC Ambulatory Surgical Center  
 CDU Chemical Dependency Unit  
 CO County  
 CR Comparative Review  
 DEC Decision  
 DISMISS Appeal dismissed  
 FAC Facility  
 HHA Home Health Agency

H Hospital  
 HIS Indian Health Service  
 LOI Letter of Intent  
 LTC Long-Term Care  
 MTH Month of Notice  
 NH Nursing Home  
 NR Non-Reviewable Project  
 N/A Not Applicable

REC REQ-Reconsideration Hearing of Decision  
 REQ Request  
 SNF Skilled Nursing Facility  
 TBA To Be Announced  
 TBI Traumatic Brain Injury  
 10/10 Ten Bed/Ten Percent Rule (50-5-301, MCA)  
 N Disapproval Y Approval or Yes  
 DATES Month/Day/Year

\* First-year operating cost HHA  
 Name of facility in **BOLD** indicates a new request for report month